State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2020 JUN 26 AM 11:28

Annual Report for the year: 2020

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
000073023	**NHCC Medical Associates, Inc.**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Support, encourage, and coordinate development of comprehensive healthcare-related services.**
4. NAICS Code: **622110 - General Medical**	

6. Principal Office Address	City	State	Zip
11 Friendship Street	**Newport**	**RI**	**02840**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **John B. Murphy, M.D.**			Vice-President Name		
Street Address **593 Eddy Street**			Street Address		
City **Providence**	State **RI**	Zip **02903**	City	State	Zip
Secretary Name **Jeffrey T. Gaines, M.D.**			Treasurer Name **Jeffrey T. Gaines, M.D.**		
Street Address **11 Friendship Street**			Street Address **11 Friendship Street**		
City **Newport**	State **RI**	Zip **02840**	City **Newport**	State **RI**	Zip **02840**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **John B. Murphy, M.D. (Chair)**			Director Name **Timothy J. Babineau, M.D.**		
Street Address **593 Eddy Street**			Street Address **593 Eddy Street**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**
Director Name **Jeffrey T. Gaines, M.D.**			Director Name **Mary A. Wakefield**		
Street Address **11 Friendship Street**			Street Address **593 Eddy Street**		
City **Newport**	State **RI**	Zip **02840**	City **Providence**	State **RI**	Zip **02840**

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
John B. Murphy, M.D.	6/26/20

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
JUN 26 2020
BY 11:28

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019